KANSAS STATE BOARD OF PHARMACY

OPEN RECORDS REQUEST FORM

Company/Organization:							
Name:							
Street Address:							
City:		State:	Zip	code:			
Phone:	Fax:		E-Mail:				
Please Mark Your Selection:		Total Cost:					
	Electronic Mail \$45.00						
	3 1/2" Diske	ette \$55.00					
	Mailing Lab	pels \$55.00					
	Copies	\$55.00					
AN INVO	ICE WILL BE MAI	ILED WITH REQUESTER	D INFORMAT	ION.			
REQUESTED INFORMATION: (CHECK ALL THAT APPLY) Search time and computer time may be charged dependent on particular search request. Charge will be staff time per hour.							
Profession:		Fields:		Sort Order:			
Pharmacists List Pharmacies List Non-Resident Pharm Distributor List Technician List	nacies List	Name Address City State License Numb License Expira	se Date	Alpha Zipcode City County			
Special Requests: Please specify any other record requests that are being made.							
To order, submit this form and a check for total costs to: Kansas State Board of Pharmacy 900 SW Jackson, Room 560 Topeka, KS 66612-1231							

OPEN RECORDS REQUEST AND CERTIFICATION

INSTRUCTIONS: Please complete this form for requests of public records maintained by the Kansas State Board of Pharmacy. Access to public records will be acted upon as soon as possible. The Board has until the third business day following the receipt of this signed form to respond to a request.

I hereby that the undersigned and/or any person(s) authorized by the undersigned have no intention to and will not use the requested information for any of the following:

- (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person who resides at any address listed;
- (B) Sell, give, or otherwise make available to any person any list of names or addressed contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any listed person or to any person who resides at any address listed.

The Board id authorized to require this certification pursuant to K.S.A 45-220. Violation of this provision is a criminal misdemeanor. K.S.A. 21-3914.

We would appreciate is if you gave us the reason for this request. Although, not required, this helps us gather information for the annual report.

DATED THIS	DAY OF	, 20
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